



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 10/06/2021  
Your Ref : **CDMPG21000693 (SMX6822A)**  
To : **ERGO INSURANCE PTE LTD**  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLM2910A & SMX6822A ON 09/04/2021  
AT LEVEL 2 LOT NO.17 OF PREMISES OF MAPLE BUILDING, 37 JALAN  
PEMIMPIN SINGAPORE 577177.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218080 @ S\$4,815.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$360.00 (3 Days x S\$120)
- 3) LTA Search @ S\$7.45
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com



# MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

## PROFORMA BILL

Bill To:

**ERGO INSURANCE PTE LTD**

5 TEMASEK BOULEVARD,  
#04-01 SUNTEC TOWER FIVE,  
SINGAPORE 038985

Bill No : 218080

Date : 10-June-2021

Vehicle Number : *SLM 2910A*

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,500.00
		BEFORE GST 4,500.00
		7% GST 315.00
		<b>TOTAL \$ 4,815.00</b>

**Tax Invoice will be issue upon amount finalised.**

*Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.*



Co's stamp & Authorised Signature

## Invoice

SLM2910A  
ZHUANG KUANYUAN ZECHARIAH

Invoice No : WPLIN0005179  
Invoice Date : 30/4/2021  
Due Date : 30/4/2021  
VHA No : 5790  
Referral ID : M035

Description :	Amount
Rental for 3 Day/s @ \$120 per Day \$	360.00

Vehicle No : SLC4693R

Vehicle Description : Mazda 3 1.5 A

Rental Period : 27/04/2021 to 30/04/2021

Total Amount Payable : \$ 360.00

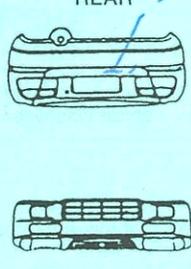
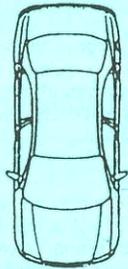
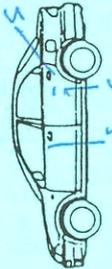
# WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875  
Tel: 6315 8479 H/P: 9833 0807

VHA No: **5790**  
Invoice No: **WPLIN 5179**  
Hirer's Vehicle No: **SLM 2910A**

UEN: 201505115E

## VEHICLE RENTAL AGREEMENT

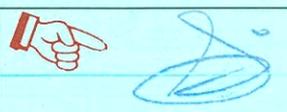
<p><b>HIRER'S PARTICULARS</b></p> <p>Name: (as in I/C) <u>ZHUANG KUANYUAN ZECHARIAH</u></p> <p>NRIC / FIN No: <u>S 8735027D</u></p> <p>Address (Res): <u>BUK 307A ANCHORVALE RD</u> <u>#01-34 S(541307)</u></p> <p>Name &amp; Address of Employer: _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Singapore Driving Licence No: _____</p> <p>Issue Date: <u>5/6/09</u> Date of Birth: <u>8/11/87</u></p> <p>Tel: (O) _____ (R) _____ HP: _____</p> <p><b>ADDITIONAL DRIVER'S PARTICULARS</b></p> <p>Name: (as in I/C) _____</p> <p>NRIC / FIN No: _____</p> <p>Address (Res): _____</p> <p>Occupation: _____ Driving Exp: _____</p> <p>Singapore Driving Licence No: _____</p> <p>Issue Date: _____ Date of Birth: _____</p> <p>Tel: (O) _____ (R): _____ H/P: _____</p>	<p>Vehicle No: <u>SLC4693R</u> Replace Veh No: _____</p> <p>Mileage Out: <u>79525</u> Mileage Out: _____</p> <p>Make &amp; Model: <u>MAZDA 3</u> Auto / Manual</p> <p>Out : Date <u>27/4/21</u> Time: <u>10:10</u></p> <p>HIRE / PERIOD EXPIRY _____ Time: _____</p> <p>NON-WAIVER EXCESS=\$ <u>2000/-</u></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">CHARGES</th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td><u>3</u> @\$ <u>120</u> per day</td> <td></td> <td><u>#360</u> -</td> </tr> <tr> <td>Weekly</td> <td>@\$ _____ per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@\$ _____ per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@\$ _____ per hour</td> <td></td> <td></td> </tr> <tr> <td>Extension</td> <td>@\$ _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Delivery/Collection Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>SUB-TOTAL \$</b></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">PETROL LEVEL</th> </tr> <tr> <td>Out</td> <td>E</td> <td>1/8</td> <td>1/4</td> <td>3/8</td> <td>1/2</td> <td>5/8</td> <td>3/4</td> <td>7/8</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/8</td> <td>1/4</td> <td>3/8</td> <td>1/2</td> <td>5/8</td> <td>3/4</td> <td>7/8</td> <td>F</td> </tr> <tr> <td colspan="2">Fuel</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Traffic / Parking Fines</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL CHARGES \$</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>INDICATE: D - DENTS S - SCRATCHES A - ACCIDENTS</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>RIGHT</p> </div> <div style="text-align: center;">  <p>FRONT</p> </div> <div style="text-align: center;">  <p>TOP</p> </div> <div style="text-align: center;">  <p>LEFT</p> </div> </div> <p><b>MISSING / FAULTY ACCESSORIES / PARTS</b></p> <p>REMARKS : _____</p> <p>Hirer's Signature _____</p> <p>Additional Driver's Signature _____</p>	CHARGES				Daily	<u>3</u> @\$ <u>120</u> per day		<u>#360</u> -	Weekly	@\$ _____ per week			Monthly	@\$ _____ per month			Hours	@\$ _____ per hour			Extension	@\$ _____			Delivery/Collection Service				<b>SUB-TOTAL \$</b>				PETROL LEVEL										Out	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F	In	E	1/8	1/4	3/8	1/2	5/8	3/4	7/8	F	Fuel										Traffic / Parking Fines										<b>TOTAL CHARGES \$</b>									
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<b>TOTAL CHARGES \$</b>																																																																																													

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

**\*IMPORTANT**

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
5. IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. **VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY.** AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	
<u>30/04/21</u>	<u>1300hrs</u>	<u>79948</u>			 SIGNATURE OF HIRER/DRIVER

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 09 Apr 2021 / 15:47:59

Receipt Date/Time : 09 Apr 2021 / 15:47:59

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210409-002951

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMX6822A

As at 09 Apr 2021/11:50:00

Insurance Co: LIBERTY INS P L

1 Insurance Enquiry - SMX6822A  
Enquiry Fee  
20210409154710448360

7.00 0.49 7.49

**Sub-Total** 7.00 0.49 7.49

**Total Before Rounding** 7.00 0.49 7.49

**Rounding Difference** 0.04

**Total Amount Payable** 7.45

Paid By

20210409154718219 Direct Debit: eNETS Debit  
(Internet Banking) 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORITY

Name : ZHUANG KHANYUAN, Zechariah

Address : BLK 307A Anchorvale Road  
#01-34 Singapore 541307

Contact No : \_\_\_\_\_

TO: ergo Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SLM2910A AND SMX6822A ON 09/04/2021  
AT/ALONG Level 2 Lot No.17 of premises of Mapex Building,  
37 Jalan Pemimpin Singapore 577177

I/We, ZHUANG KHANYUAN, Zechariah, am/~~are~~ the registered owner of  
motor car no. SLM2910A

Please note that I have assigned all compensations monies due to me/us in the above said accident  
to **M/S MG SOLUTION PTE LTD.**

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned  
accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION  
PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you



Signature of Claimant



Witness By

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	12/04/2021 09:28 (SGT)
Date of Accident	09/04/2021 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT LEVEL 2 LOT NO. 17 OF PREMISE OF MAPEX BUILDING, 37 JLN PEMIMPIN S577177
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2910A

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHUANG KUAN YUAN ZECHARIAH
NRIC No	SXXXX027D
Email Address	zechariah_zhuang@hotmail.com
Mobile Phone No	(Phone) +65-97550494
Alternative Phone No	+65-97550494

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	AUDI / A4 1.8 TFSI MU (EU6)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116839416-01
Cover Note Number	-

#### DRIVER

Name of Driver ZHUANG KUAN YUAN ZECHARIAH

NRIC No	SXXXX027D
Date Of Birth	08/11/1987
Occupation	Indoor
Date Of Driving Pass	05/06/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97550494
Alt. Phone Number	+65-97550494
Email Address	zechariah_zhuang@hotmail.com
Address	BLK 307A #01-34 ANCHORVALE ROAD
Address complement	-
Postcode	541307
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210409/7022;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX6822A
Vehicle Manufacturer	BMW
Vehicle Model	Vehicle Make/Model B.M.W. / 118I LED HL
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Handwritten Signature]*  
09/04/2021

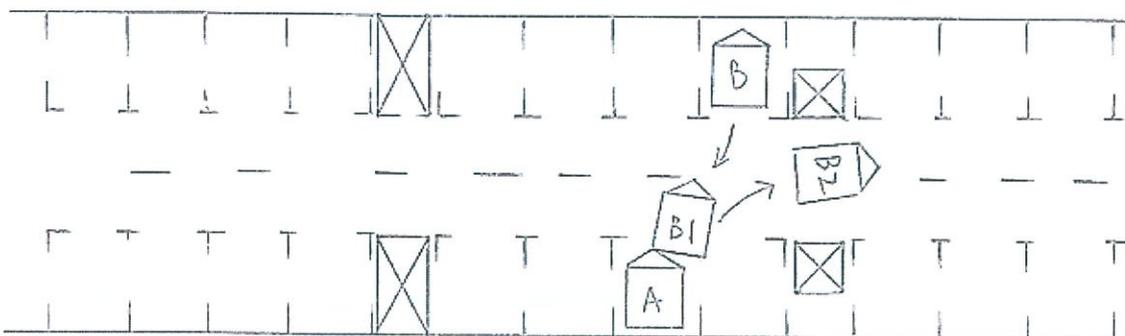
**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Handwritten note: pls refer Traffic Police No 7/2040409 / 7022

A) SLM 2910A  
B) Smx 6822A

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect

 09/04/2021

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel



SINGAPORE  
POLICE FORCE



T/20210409/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20210409/7022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2021 15:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZHUANG KUANYUAN ZECHARIAH			Address: 307A ANCHORVALE ROAD #01-34 SINGAPORE 541307		
ID Type / ID No.: NRIC NO / S8735027D			Contact No.: Home/Office: Mobile: 97550494		
Nationality: SINGAPORE CITIZEN			Email: ZECHARIAH_ZHUANG@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 08/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Educator			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2021 11:50	Type of Location: Car Park	
Location: MAPEX BUILDING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLM2910A	Car	AUDI	A4 1.8 TFSI MU (EU6)	Black		0
SMX6822A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE  
POLICE FORCE



T/20210409/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210409/7022

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM2910A	NTUC Income Insurance Co-Operative Limited	5116839416-01	20/03/2021	19/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ZHUANG KUANYUAN ZECHARIAH		ID No.	S8735027D
Related Vehicle	SLM2910A (Car)		Contact No.	97550494
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 09/04/2021 at about 1100hrs, I parked my vehicle stationary at level 2 Lot no. 17 of premises of Mapex Building, 37 Jalan Pemimpin Singapore 577177. Everything was intact. However, I was informed by my next door unit at about 1150am that my vehicle (A) was being hit by another vehicle (B) while doing a reverse parking. I viewed my in-car camera and managed to get the vehicle number that hit onto my parked vehicle. I wish to state that this is a hit and run case. I have also contacted the premises property manager and their CCTV footage managed to capture the whole incident but was unable to release to me and can only be retrieved via police officer.

Vehicle A: SLM2910A  
Vehicle B: SMX6822A



SINGAPORE  
POLICE FORCE



T/20210409/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No. T/20210409/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPiB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/04/2021 15:49
Classification Of Case:

Authentication Stamp  
NP163